

Wilton Little League

MEDICAL RELEASE FORM

Complete the information below and give this page to your manager before the first game of the season.

Parent or Guardian's Authorization:

Player's Name: _____

Date of Birth: _____

Family Physician: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Known allergies/sensitivities to drugs: _____

Date of last Tetanus Toxoid Booster: _____

In case of emergency, if parent/guardian is not available and if family physician cannot be reached, I hereby authorize my child to be treated by another qualified, licensed physician who is available.

Parent Signature: _____

Date: _____

NOTE: This form is to be carried by the team manager to all practices and games, including post-season tournament games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. This form is for your child's protection in case of a medical emergency. Please complete it and give it to your child's manager.

League Name: Wilton Little League

League ID Number: 207-01-15